



Department of Health Services  
 Licensing and Certification Program (L&C)  
 Aide and Technician Certification Section (ATCS)  
 Fingerprint Investigation Unit, MS 3301  
 1615 Capitol Avenue  
 P.O. Box 997416  
 Sacramento, CA 95899-7416  
 (916) 327-2445  
 FAX: (916) 552-8854

Date sent: \_\_\_\_\_

## TRANSMITTAL APPLICATION FOR CRIMINAL BACKGROUND INVESTIGATION

(See fingerprint process instructions on reverse)

This form must be completed by the facility administrator or other authorized staff and submitted to the address above, along with fingerprints using either of the fingerprint processes on reverse. When validated by official DHS stamp below, the applicant named below will be cleared for employment or facility licensing purposes. The ATCS will mail criminal clearance to the licensee. The licensee may send a copy of the clearance to the applicant as needed. A copy of the clearance must be kept on file on the facility premises and made available to the surveyor during a DHS survey or complaint visit.

### Type of Facility

- ☐ ICF/DD
- ☐ ICF/DDH
- ☐ ICF/DDN
- ☐ Adult Day Health Care (ADHC)
- ☐ Home Health Agency
- ☐ Private Duty Nursing Agency

### Position of Applicant (check one)

- ☐ Direct care staff
- ☐ Administrator (manager)
- ☐ Owner
- ☐ Fiscal manager
- ☐ Program director
- ☐ Fiscal officer of ADHC
- ☐ Consultant or licensed professional
- ☐ Adult living in facility

Name of applicant			Telephone number (      )	
Date of birth	Social Security number	Drivers license number	State	
Applicant's mailing address (number and street, or P.O. Box number)		City	State	ZIP code
Facility name		Facility license number	Telephone number (      )	

Licensee name/mailling address (name and address must fit within brackets):

**FOR DHS USE ONLY**

## FINGERPRINTING

There are two ways to get your fingerprints taken: (1) the **live scan process**, which is electronically transmitted to the Department of Justice (DOJ) by the live scan operator or (2) the **fingerprint card process**, which must be submitted through the Department of Health Services (DHS) for manual processing by DOJ.

### The Live Scan Process

Complete the Request for Live Scan Services (form BCII 8016) **before** going to the live scan service site because most sites do not have a supply of these forms. Follow the **SAMPLE BCII 8016** for completion of the form. Check with your local law enforcement agency for location of the live scan site, hours of operation, and fees required. This information may also be found on the Attorney General's website at [www.caag.state.ca.us/fingerprints/publications/contact.pdf](http://www.caag.state.ca.us/fingerprints/publications/contact.pdf) which is updated monthly.

Additional sites, cost of service, and scheduling availability can be obtained by calling the Sylvan/Identrix Live Scan Fingerprinting sites at 800-315-4507.

Submit this completed transmittal (HS 322) and the second copy of the live scan form to DHS, Fingerprint Investigation Unit, at the address on the front of this transmittal form.

Using this method may take less processing time than the fingerprint card process.

### Fingerprint Card Process

You may get fingerprints rolled at the American Red Cross (ARC), local law enforcement offices, or other businesses that have individuals who are trained to roll fingerprints. The location of these businesses may be listed in the yellow pages of your local telephone book.

Submit this completed transmittal (HS 322) to DHS, Fingerprint Investigation Unit, at the address on the front of this transmittal, along with the fingerprint card **and a \$32 fingerprint processing fee made payable to DEPARTMENT OF JUSTICE.**

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### Information Collection and Access: Privacy Statement

This information is requested by the Department of Health Services, Licensing and Certification, Aide and Technician Certification Section, to fulfill its obligations in following the guidelines for requesting fingerprint services for use by the Department of Justice for criminal background checks. The Department will not disclose this information to any inquirer. For more information, contact the address in the upper left corner on the front of this application.